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Client Name: _____ Client ID: _____

Medicare Patient Lift Questionnaire

Please answer the following question and provide any additional notes.

- 1) Without use of the patient lift to transfer form bed, chair, wheelchair, or commode, would patient to bed bound?

Name of person answering questions, if other than physician:

Print Name: _____ Title: _____

Signature: _____ Employer: _____

Physicians Signature: _____ Date: _____